


RESOURCE-RELATED RESEARCH
COMPUTERS AND CHEMISTRY
(RR-00612 ANNUAL REPORT)

Submitted to
BIOTECHNOLOGY RESOURCES BRANCH
OF THE
NATIONAL INSTITUTES OF HEALTH


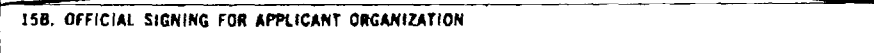
May, 1975

COMPUTER SCIENCE DEPARTMENT
STANFORD UNIVERSITY

SECTION I

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE		REVIEW GROUP SSS	TYPE 5	PROGRAM R24	GRANT NUMBER (Insert) RR00612-05A
APPLICATION FOR CONTINUATION GRANT		TOTAL PROJECT PERIOD From: 05/01/74 Through: 04/30/77			
		REQUESTED BUDGET PERIOD From: 05/01/74 Through: 07/31/75			
1. TITLE RESOURCE RELATED RESEARCH - COMPUTERS AND CHEMISTRY					
2A. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Name and Address, Street, City, State, Zip Code) DJERASSI, CARL STANFORD UNIVERSITY DEPT OF CHEMISTRY STANFORD, CALIF 94305		4. APPLICANT ORGANIZATION (Name and Address-Street, City, State, Zip) STANFORD UNIVERSITY STANFORD, CALIF 94305			
2B. DEGREE PHD	2C. SOCIAL SECURITY NO. 	5. PHS ACCOUNT NUMBER 1941156365A1			
2D. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT CHEMISTRY		6. TITLE AND ADDRESS OF OFFICIAL IN BUSINESS OFFICE OF APPLICANT ORGANIZATION DEPUTY V P FOR BUSINESS & FIN STANFORD UNIVERSITY STANFORD, CALIF 94305			
2E. MAJOR SUBDIVISION SCH OF HUMANITIES AND SCIENCES					
3. ORGANIZATIONAL COMPONENT TO RECEIVE CREDIT FOR INSTITUTIONAL GRANT PURPOSES 20 OTHER					
7. RESEARCH INVOLVING HUMAN SUBJECTS (See Instructions) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes APPROVED _____ Date _____		8. INVENTIONS (See Instructions) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes-not previously reported <input type="checkbox"/> Yes-previously reported			
9. PERFORMANCE SITE(S) Stanford University Department of Chemistry Computer Science Department Department of Genetics Stanford, CA 94305		TELEPHONE INFORMATION			
		11A. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Item 2a)		Area code	Tele. No.
		11B. Name of business official (Item 6) K. D. Creighton		415	497-21
		11C. Name and title of administrative official (Item 15b) D'Ann Downey, Assistant Sponsored Projects Officer		415	497-28
10. DIRECT COSTS REQUESTED FOR BUDGET PERIOD \$240,962		12B. COUNTY OF APPLICANT ORGANIZATION SHOWN IN ITEM 4 Santa Clara			
12A. CONGRESSIONAL DISTRICT OF APPLICANT ORGANIZATION SHOWN IN ITEM 4 Twelfth					
13. DO NOT USE THIS SPACE					

14. CERTIFICATION AND ACCEPTANCE. We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge, as to any grant awarded, the obligation to comply with Public Health Service terms and conditions in effect at the time of the award.

15. SIGNATURES (Signatures required on original copy only. Use ink. "Per" signatures not acceptable.)	15A. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR 	DATE
	15B. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION 	DATE